

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department City of Baltimore.

Permit No. 221 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 5 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. Gorpren

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Boiler maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give Street and Number. } 1431 East Fayette

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Stomach

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 8<sup>th</sup> 1887

Undertaker, Denny & Mitchell Lo Gump M. D. Medical Attendant.

Place of Business, 208 S. Broadway Address, Bd. B. B.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 222 Office of Registrar of Vital Statistics.

Ward 16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mo L. Denmark

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, 2 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 538. S. Eutaw

Cause of Death, { First (Primary), Second (Immediate), } Gastric Catarrh

Duration of Last Sickness, One week, Sickly since birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 8<sup>th</sup> 87

Undertaker, C. F. Wanser & Son Chas J. Lieberman M. D.

Medical Attendant.

Place of Business, 703 Hammer Address, 707. N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 223 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James E. Matthews

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, fifty eight Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

~~Married, Single, Widower~~ Widower { Cross out the words not required in this line. }

Occupation, Shoe Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Talbot Co. Maryland

Duration of Residence in the City of Baltimore, All his life nearly.

Place of Death, { Give Street and Number. } No 414 N. Stricker St.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy  
Paralysis

Duration of Last Sickness, About three hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 8<sup>th</sup>

Undertaker, J. J. Cowan Ridgely Hammond M. D.

Medical Attendant.

Place of Business, 901 Hollins St. Address, 502 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the following notice, and to the fact that this certificate is required for the burial of the deceased.

# Health Department, City of Baltimore.

Permit No.

224

Office of Registrar of Vital Statistics.

Ward

12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 6<sup>th</sup> 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Unchristened child of Walter W. & Ellen Watts.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

1 hour

Days.

Color,

white?

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

During life.

Place of Death,

{ Give Street and Number. }

919 W. North Ave.

Cause of Death,

{ First (Primary),

Second (Immediate),

Born premature.  
(5 1/2 months.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mt Olivet Cemetery

Date of Burial,

June 7<sup>th</sup> 1887

W. Ricker

M. D.

{ Undertaker, or Walter W. Watts

Medical Attendant.

{ Place of Business,

919 W. N. Ave.

Address,

Penn a Ave. & Robert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 225** Office of **Registrar of Vital Statistics.** Ward **15<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 7<sup>th</sup> 1887**

Full Name of Deceased, **Sarah Young.** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ **Female**, { Cross out the word not required in this line. }

Age, **77** Years, **1** Months, **15** Days.

Color, **White**

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **Batter Co.**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Batter Co.**

Duration of Residence in the City of Baltimore, **70 years.**

Place of Death, { Give Street and Number. } **8. E. Montgomery St.**

Cause of Death, { First (Primary), Second (Immediate), } **Pulmonary Phthisis.**

Duration of Last Sickness, **about 2 years.**

All the above information should be furnished by the Physician.

Place of Burial, **Mount Olivet Cemetery**

Date of Burial, **June 8<sup>th</sup> 1887**

Undertaker, **Henry W. Mears**

Place of Business, **413 E. Fayette St.** Address, **524 Sharp St.**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 226 Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 3<sup>rd</sup> of June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marie Schreiber

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 0 Years, 0 Months, half an hour Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 121 St. Gay St

Duration of Residence in the City of Baltimore, half an hour

Place of Death, { Give Street and Number. } 121 St. Gay St

Cause of Death, { First (Primary), born unfit to live in St eight months }  
{ Second (Immediate), None }

Duration of Last Sickness, None

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4<sup>th</sup> 1887

{ Undertaker, Henry W. Mears } John H. Howard M. D.

{ Place of Business, #413 E. Fayette St } Address, 254 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 227 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in this city is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Daniel Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 14 Years, 8 Months,  Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Nurse

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give Street and Number. } 1716. Cairo St

Cause of Death, { First (Primary), Second (Immediate), } Enlargement of heart

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Culpepper B.P.R.R

Date of Burial, June 7<sup>th</sup> 1887

Undertaker, E. M. Leonard & Son Geo. B. Gorton M. D.

Place of Business, 1058 W. Baltimore Address, Fayette & Carey

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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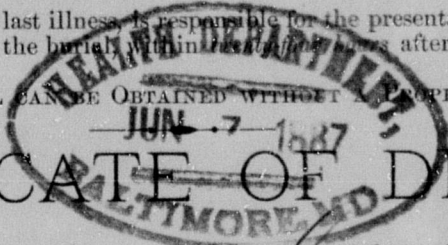
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A-228 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> / 87

Full Name of Deceased, Roberta Manuel { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female { Cross out the word not required in this line. }

Age, 1 Years, 3 Months,  Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 824 Stockholm Street { Give Street and Number. }

Cause of Death, Dentition { First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, June 8<sup>th</sup> / 87

Undertaker, H. Ross James H. Stearns M. D.

Place of Business, Conway St Address, Camp 872

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward [OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Details Below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 229 Office of Registrar of Vital Statistics. Ward 2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 7th 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Katilewski  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 3 Years, 6 Months,    Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
Occupation,     
Birth Place, { State or country, and how long in the United States, if of foreign birth. } City  
Duration of Residence in the City of Baltimore, Since Birth  
Place of Death, { Give Street and Number. } # 1527 Eastern Av.  
Cause of Death, { First (Primary), Second (Immediate), } Croup (Diphtheritic)  
Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church  
Date of Burial, June 8th 1887  
Undertaker, John H. Rehberger M. D.  
Place of Business, 1709 Allee Street Address, # 1709 Allee Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 230 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person at last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6 1887  
Full Name of Deceased, Fred W. Preysch {Write legibly and spell correctly. If an Infant not named, give names of parents.  
Sex, Male or ~~Female~~, {Cross out the word not required in this line.  
Age, 19 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, White  
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.  
Occupation, Lock Smith  
Birth Place, {State or country, and how long in the United States, if of foreign birth. Germany  
Duration of Residence in the City of Baltimore, 26 years  
Place of Death, {Give Street and Number. 107 S. Oak Street  
Cause of Death, {First (Primary), Dilatation of Heart  
Second (Immediate), Paralytic of Heart  
Duration of Last Sickness, About 10 minutes  
All the above information should be furnished by the Physician.  
Place of Burial, 5th Reform St. Paul's Cemetery  
Date of Burial, June 8th 1887  
{ Undertaker, Wm. Nicholas Edw. Rutledge M. D.  
Place of Business, 1715 Alice Lane Address 403 N. W. Road

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]